



Welcome to the State of Kansas Employee Health Plan Presentation for the 2020 Plan Year. The State Employee Health Plan (SEHP) offers you many benefit opportunities and choices. The purpose of this presentation is to provide employees with general information about their benefits before making coverage selections.



## General Overview



[www.kdheks.gov/hcf/sehp](http://www.kdheks.gov/hcf/sehp)



Meet **StEtHoscoPe**, your SEHP guide, for helpful tips and information throughout this presentation!

This information is a general overview of important features about your benefits. It is not intended to cover every specific benefit or exclusion. For more information visit the SEHP website.

Meet StEtHoscoPe, your SEHP guide, for helpful tips and information throughout this presentation.



## General Overview

### During this presentation we will cover the benefit choices you have for:

- Medical Coverage
- Prescription Coverage
- Preferred Lab Benefit Coverage
- Dental Coverage
- Vision Coverage
- Voluntary Benefit Programs
- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Accounts
- The HealthQuest Health Promotion and Wellness Rewards Program
- The Employee Assistance Program

During this presentation we will cover the benefit choices you have for:

- Medical
- Prescription
- Preferred Lab Benefit
- Dental
- Vision
- Voluntary Benefits
- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Accounts
- HealthQuest
- Employee Assistance Program



## Enrollment Process



We will also cover the enrollment process, including how to make elections, and what you need to do to complete your enrollment. Once you have decided what coverage options best suit your situation, we'll review how to access your Membership Administration Portal (MAP) System.

### We'll provide you with:

- Information
- Tools
- Benefit Options
- Resources
- Contact Information



Sound confusing? Don't worry, we'll provide you with information and tools to help you make the benefit selections best suited for you and your family! In addition, we will provide you with important resources and contact information should you have more questions, or need additional information about one or more of the benefit options available through the SEHP.



## Enrollment Process



The benefit elections through the SEHP are designed to provide you with many choices and allow you to select the benefits most important to you and your family. Each eligible employee can make a new election each year based on his or her own situation. SEHP benefits are important to help protect you and your family from the costs associated with an accident, illness, disease, or other situation. Your situation may change over time, which is why the SEHP allows you to make a new benefit election each year.



**BlueCross  
BlueShield  
of Kansas**

- Active Employees
- Early Retirees
- Non-State Employer Groups

Now, let's get started.....The SEHP offers medical coverage for active employees, early retirees, and non-state employer groups through two (2) different medical vendors. The vendors are Aetna Health Plan, and Blue Cross Blue Shield of Kansas. Regardless of the medical vendor you choose, all SEHP medical plans offer the same comprehensive benefits.



## Medical Coverage

### Telehealth Services

**aetna**  **TELADOC.** <http://www.kdheks.gov/hcf/sehp/Vendors/Aetna.htm>

**Plan A:** \$10 copay

**Plan C, J, N, Q:** \$40 per visit which applies to deductible then coinsurance



BlueCross BlueShield  
of Kansas Foundation



**amwell** <http://www.kdheks.gov/hcf/sehp/Vendors/BCBSKS.htm>

**Plan A:** \$10 copay

**Plan C, J, N, Q:** Starts at \$49 per visit which applies to deductible then coinsurance

Both medical vendors offer Telehealth services for your convenience!

U.S. Board certified doctors are available for you to interact with via the internet or your smartphone, providing convenient access 24/7/365. Aetna provides Telehealth services through Teladoc and BCBSKS provides American Well (Amwell). Use Telehealth for symptoms such as: Sore Throat, Ear Infection, Allergies, Rash, Cold or Flu symptoms, and more.

Telehealth doctors do not replace employee's primary care physician, but this benefit is available today and offers a less expensive alternative to Urgent Care or ER visits. Restrictions on services provided are listed on the SEHP website, deductible, coinsurance or copays do apply depending on which medical plan you have. Please visit your health plan's webpage to easily register for this convenient service.





## Medical Coverage

### Provider Networks

- Broad Provider Networks
- Provider Directories available on the SEHP website.
- Network Providers save you money!



- Both vendors include a broad, expansive provider network.
- Provider directories for both vendors are available on the SEHP website, allowing you to review and see if the providers you currently use are in one or both of the networks.
- Network providers save you money. If you use non network providers, you could be responsible for “balance-billing” for any amount more than the plan allowance.

### Preventive Care



All medical plans offer the same preventive services coverage. These services are covered at 100% without deductible or coinsurance at network providers, and follow the Affordable Care Act (ACA) guidelines for preventive care coverage. In addition, preventive care services on all medical plans include one annual vision exam at 100% coverage. Any preventive services received by non network providers are subject to the non network deductible and coinsurance provisions of the plan.



Included with all medical plans



- All medical plans offer the same prescription vendor, CVS/Caremark. The prescription coverage is combined with your medical plan to accumulate both your medical and prescription expenses toward the out-of-pocket maximums.



## Preferred Lab Benefit



**Quest**  
Diagnostics™



**Stormont Vail Health**

Included with all medical plans

All medical plans include the Preferred Lab Benefit through Quest Diagnostics and Stormont Vail Health. This benefit provides you significant discounts towards many covered lab services, and saves you money on out-of-pocket expenses.



## Dependent Eligibility



Eligible dependents are covered to age 26 if you have enrolled for dependent coverage.

All plans cover eligible dependents to age 26 if you have enrolled for dependent coverage.

If you are adding an eligible dependent to your coverage you will need to submit supporting documentation with your enrollment in MAP.

### Consider:

- Deductible
- Coinsurance
- Out-of-pocket

Plan A

Plan C

Plan J

Plan N

Plan Q



Once you have chosen a medical vendor, there are 5 different benefit plans from which to choose your medical and prescription coverage. These plans have different deductibles, coinsurance and OOP maximum, enabling you to select the plan best suited for you and your family. Let's review these plans.



## Plan A Office Visits & Prescriptions

Office Visits (network providers)	
Primary Care Visits	\$40 Copay
Specialist Visits	\$60 Copay
Urgent Care Services	\$50 Copay
Diagnostic Lab Services (When Using Quest Or Stormont Vail Labs)	Covered At 100%
Prescriptions	
Generic	20%
Preferred Name Brand	40%
Non-preferred	65%
Special Case Medications	\$100 Copay For A 30-day Supply

The first plan we'll review is Plan A. With Plan A certain services received by network providers are covered without having to meet your calendar year deductible. These services may require copays or coinsurance percentages for your share of the expense. When you use network providers your cost share for these services are as follows:

Primary Care visits have a \$40 copay, Specialist visits have a \$60 copay, Urgent Care Services are subject to a \$50 copay. Diagnostic Lab Services (when using Quest or Stormont Vail Labs) are covered at 100%.

The pharmacy is subject to a coinsurance of 20% for generic, 40% for preferred brand name drugs, and 65% for non preferred brand name drugs. Special case medications are subject to a \$100 copay for a standard 30 day supply. Your medical deductible does not apply to Plan A for prescriptions.



## Plan A



Network	Non-network
<b>Deductible</b>	
\$1,000 Employee/\$2,000 Employee+1/\$3,000 Employee + 2 or more	\$1,200 Employee/\$2,400 Employee+1/\$3,600 Employee + 2 or more
<b>Coinsurance (Paid by Member)</b>	
20%	50%
<b>Out of Pocket Maximum (OOP)</b>	
\$6,250 Single/\$12,500 Family	\$6,250 Single/\$12,500 Family
<b>Pharmacy Coinsurance</b>	
20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.	
<b>HealthQuest Rewards Dollars</b>	

Not available with Plan A

A deductible is the amount you pay before the plan begins to pay for covered services. With Plan A your network deductible amount is \$1,000 single, \$2,000 for employee + 1, and \$3,000 for employee + 2 or more. Your non-network deductible amount is \$1,200 single, \$2,400 for employee + 1, and \$3,600 for employee + 2 or more.

Coinsurance is the percentage you pay after your deductible has been satisfied. A 20% coinsurance applies for all covered medical services when using a network provider. Non-network services are subject to a 50% coinsurance.

The OOP is the maximum you pay for covered services during the plan year. This amount includes deductibles, coinsurance and copays for medical and pharmacy. Plan A OOP is \$6,250 single and \$12,500 family for network services.

Your network and non-network OOP maximums accumulate separately.





## Plan J



Network	Non-network
<b>Deductible</b>	
\$500 Single/\$1,000 Family	\$1,000 Single/ \$2,000 Family
<b>Coinsurance (Paid by Member)</b>	
25%	50%
<b>Out of Pocket Maximum (OOP)</b>	
\$7,350 Single/\$14,700 Family	\$10,000 Single/\$20,000 Family
<b>Pharmacy Coinsurance</b>	
20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.	
<b>HealthQuest Rewards Dollars (HRA)</b>	
Up to \$500 Single or Employee+child(ren)	
Up to \$1,000 Employee+Spouse or Employee+Family	

With Plan J you must meet your calendar year deductible for all eligible services except network preventive care before the plan begins paying.

The Plan J network deductible amount is \$500 single and \$1,000 family. Your non-network deductible amount is \$1,000 single, \$2,000 for family.

Your network coinsurance is 25%, and your non-network coinsurance is 50%.

The pharmacy is subject to a coinsurance of 20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.

Plan J OOP is \$7,350 single and \$14,700 family for network services, and \$10,000 single and \$20,000 family for non-network. Your network and non-network OOP maximums accumulate separately.

If you select Plan J, you will also have an employer-funded Health Reimbursement Account (HRA) for your HealthQuest rewards, which you may use to help offset expenses.

Plan J meets the federal requirements for employees with J-1 Visas.



## Plan Q



Network	Non-network
<b>Deductible</b>	
\$500 Single/\$1,000 Family	\$700 Single/ \$1,400 Family
<b>Coinsurance (Paid by Member)</b>	
50%	60%
<b>Out of Pocket Maximum (OOP)</b>	
\$6,650 Single/\$13,300 Family	\$6,650 Single/\$13,300 Family
<b>Pharmacy Coinsurance</b>	
20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.	
<b>HealthQuest Rewards Dollars (HRA)</b>	
Up to \$500 Single or Employee+child(ren) Up to \$1,000 Employee+Spouse or Employee+Family	

With Plan Q you must meet your calendar year deductible for all eligible services except network preventive care before the plan begins paying.

The Plan Q network deductible amount is \$500 single and \$1,000 family. Your non-network deductible amount is \$700 single, \$1,400 for family.

Your network coinsurance is 50%, and your non-network coinsurance is 60%.

The pharmacy is subject to a coinsurance of 20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.

Plan Q OOP is \$6,650 single and \$13,300 family for network services and \$6,650 single and \$13,300 family for non-network. Your network and non-network OOP maximums accumulate separately.

If you select Plan Q, you will also have an employer-funded Health Reimbursement Account (HRA) for your HealthQuest rewards, which you may use to help offset expenses.



## High Deductible Health Plans



Plan C and Plan N are high deductible health plans (HDHPs). HDHPs have unique rules outlining how the coverage works, such as:

- Higher annual deductibles
- All services are subject to the annual deductible (except preventive care)
- Allows you the option for a Health Savings Account (HSA)
- The plan pays 100% after the deductible and coinsurance (OOP) are met

***HDHPs do not meet the federal requirements for employees with J-1 Visas***

Plan C and Plan N are high deductible health plans (HDHPs). HDHPs have unique rules outlining how the coverage works, such as:

- Higher annual deductibles
- All services are subject to the annual deductible (except preventive care)
- Allows you the option for a Health Savings Account (HSA)
- The plan pays 100% after the deductible and coinsurance (OOP) are met

***HDHPs do not meet the federal requirements for employees with J-1 Visas***



**Due to Department of Treasury guidelines, the deductible for all non-single policies will be \$2,800 for an individual within the family. The overall family deductible will remain at \$5,500.**

Because of 2020 Department of Treasury guidelines, the deductible for single will remain at \$2,750. For all other levels of coverage, the first deductible will be \$2,800, and the rest of the family deductible of \$2,700 will apply on the remaining family members, for the same total deductible of \$5,500.



## Plan C

Network	Non-network
<b>Deductible</b>	
\$2,750 Single/\$5,500 Family	\$2,750 Single/\$5,500 Family
<b>Coinsurance (Paid by Member)</b>	
10%	50%
<b>Out of Pocket Maximum (OOP)</b>	
\$5,500 Single/\$11,000 Family	\$5,500 Single/\$11,000 Family
<b>Pharmacy Coinsurance</b>	
20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.	
<b>HealthQuest Rewards Dollars (HRA or HSA)</b>	
Up to \$500 Single or Employee+child(ren)	
Up to \$1,000 Employee+Spouse or Employee+Family	



Plan C is a High Deductible Health Plan. With Plan C you must meet your calendar year deductible for all eligible services except network preventive care before the plan begins paying.

The Plan C network deductible amount is \$2,750 single and \$5,500 family. Your non-network deductible amount is \$2,750 single, \$5,500 family. On non-single policies, the first deductible will be \$2,800.

Your network coinsurance is 10%, and your non-network coinsurance is 50%.

The pharmacy is subject to a coinsurance of 20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.

Plan C OOP is \$5,500 single and \$11,000 family for network services and \$5,500 single and \$11,000 family for non-network. Your network and non-network OOP maximums accumulate separately.

If you select Plan C, you may have a Health Reimbursement Account (HRA) or a

Health Savings Account (HSA), which you may use to help offset expenses.



## Plan N

Network	Non-network
<b>Deductible</b>	
\$2,750 Single/\$5,500 Family	\$2,750 Single/\$5,500 Family
<b>Coinsurance (Paid by Member)</b>	
35%	50%
<b>Out of Pocket Maximum (OOP)</b>	
\$6,650 Single/\$13,300 Family	\$6,650 Single/\$13,300 Family
<b>Pharmacy Coinsurance</b>	
20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.	
<b>HealthQuest Rewards Dollars (HRA or HSA)</b>	
Up to \$500 Single or Employee+child(ren) Up to \$1,000 Employee+Spouse or Employee+Family	



Plan N is also a High Deductible Health Plan. With Plan N you must meet your calendar year deductible for all eligible services except network preventive care before the plan begins paying.

The Plan N network deductible amount is \$2,750 single and \$5,500 family. Your non-network deductible amount is \$2,750 single, \$5,500 family. On non-single policies, the first deductible will be \$2,800.

Your network coinsurance is 35%, and your non-network coinsurance is 50%.

The pharmacy is subject to a coinsurance of 20% for generic, 40% for preferred brand name drugs, and 65% for non preferred and specialty drugs.

Plan N OOP is \$6,650 single and \$13,300 family for network services and \$6,650 single and \$13,300 family for non-network. Your network and non-network OOP maximums accumulate separately.

If you select Plan N, you may have a Health Reimbursement Account (HRA) or a



Health Savings Account (HSA), which you may use to help offset expenses.



## Prescription Benefits



- **Plan A** – Your medical deductible does not apply. You generally pay coinsurance for your prescription costs until you reach a combined medical and pharmacy OOP maximum
- **Plans C, J, N and Q** – Until you reach your deductible you pay 100% of the discounted cost for your prescriptions until you reach your annual deductible amount. After that, you pay coinsurance for your prescriptions until you reach a combined medical and pharmacy OOP maximum
- Specialty Drugs are exclusively available through Caremark Connect

Your medical coverage includes prescription coverage through CVS/Caremark. The preferred drug list is the same for all plans, and is available on the SEHP website.

- **Plan A** – Your medical deductible does not apply. You generally pay coinsurance for your prescription costs until you reach a combined medical and pharmacy OOP maximum
- **Plans C, J, N and Q** – Until you reach your deductible you pay 100% of the discounted cost for your prescriptions until you reach your annual deductible amount. After that, you pay coinsurance for your prescriptions until you reach a combined medical and pharmacy OOP maximum

Regardless of which plan you choose, your prescription costs will be lower if you use generic or preferred brand name drugs. Specialty drugs are available exclusively through the Caremark connect specialty pharmacy program. You may contact Caremark connect to arrange for specialty medications for you.

### Rx Savings Solutions



*Dose Form Change*



*Generic Substitution*



*Generic Clone*



*Therapeutic Alternative*



A valuable prescription tool is the transparency tool offered through Rx Savings Solutions to SEHP Members. This confidential, easy-to-use tool helps you find opportunities to save money on your prescriptions. Once you register, Rx Savings Solutions will automatically review each prescription and alert you if there is a possible savings opportunity. They will reach out to you by email, text or phone to alert you of a savings opportunity. You may log into their site to learn more, or call and speak to a pharmacist or pharm tech about your options. Rx Savings Solutions can't change your prescription, only your doctor may do that. They can provide you with important information which could save you money on your drug costs.



### Two Networks:

- Delta Dental PPO
- Delta Dental Premier



The SEHP offers dental coverage through Delta Dental Plan of Kansas. The dental plan available to you is a stand-alone benefit, which means you do not have to be enrolled in medical coverage to select dental coverage.

This plan utilizes both of Delta Dental's nationwide networks, Delta Dental PPO and Delta Dental Premier; however, you will receive higher benefit levels when using the Delta Dental PPO network.



## Dental

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
BENEFIT PAID (% PLAN PAYS)			
<b>ENHANCED BENEFIT</b>			
Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*
<b>BASIC BENEFIT</b>			
Applies when you have not had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

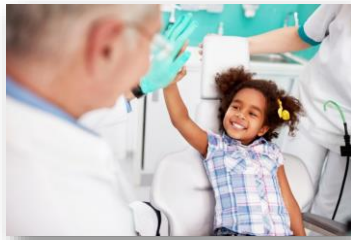
### Dental Benefits Summary

January 1 – December 31, 2020

- To receive the enhanced benefit level, you must have had a dental exam or cleaning in the prior 12 months to qualify. On the enhanced benefit, the plan pays a higher percentage of your costs for restorative care.
- Members of the health plan who have not had a covered exam or cleaning in the prior 12 months will be at the basic level of benefits and will pay more of the cost of restorative services.
- When dentists agree to become part of Delta Dental's PPO or Premier network, they agree to accept established fees for services, and cannot charge you the difference from the agreed-upon fee. Out-of-network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing an out-of-network dentist.



## Dental



**DELTA DENTAL®**

### YOUR ANNUAL BENEFIT MAXIMUM

**\$1,700 per member**

### YOUR DEDUCTIBLE

**\$50 per person, per Plan Year**

(Not to exceed a yearly family maximum of \$150)

Deductible does not apply to Diagnostic & Preventive Services

### YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

**50% Coinsurance up to \$1,000 per Member**

The calendar year deductible for the dental plan is \$50 per person, not to exceed \$150 for a family plan. The deductible does not apply to the diagnostic and preventive services of the plan.

There is a maximum calendar year benefit of \$1,700 per person. This amount is the maximum the plan will pay on your behalf for covered services in a calendar year.

There is a lifetime maximum benefit for orthodontic services of \$1,000 per person. This amount is the maximum the plan will pay on your behalf for covered orthodontic services in a lifetime.



## Vision

Basic Plan		Enhanced Plan - Covers everything in the Basic Plan PLUS...	
Office Visit Copay	\$50	Frame Allowance	\$150
Materials Copay	\$25	High Index Allowance	Up to \$116
Frame Allowance	\$100	Polycarbonate lenses	Covered in Full
Lenses: single vision, standard bifocal, trifocal or lenticular	100%	Progressive lenses Allowance	Up to \$165
Contact lenses Allowance	\$150	Scratch & UV coating	Covered in full
Contact Fitting Fee Copay	\$35		



- The vision benefits are offered through Surency Life and Health Insurance Company.
- You may choose the Basic or Enhanced plan.
- The Basic Plan includes coverage for a pair of standard eyeglasses or contact lenses.
- The Enhanced Plan includes everything the Basic Plan offers, plus a higher frame allowance and coverage toward lens enhancements such as progressive lenses (no line bifocals).
- Members may get contact lenses and frames in the same year.



**Important Note:** If you are enrolled in any medical plan through the SEHP, your first vision exam for each year is included in the medical plan at 100% coverage.



When you use non-network providers for vision services, you will be responsible to file your claim directly to Surency Vision, and the payment will be made directly to you instead of the provider.

If you are enrolled in any medical plan through the SEHP, your first vision exam for each year is included in the medical plan at 100% coverage with network providers.





## Voluntary Benefits



The SEHP offers three (3) voluntary benefit plans from MetLife. These plans pay you cash in certain circumstances to help offset unexpected expenses due to an accident or illness.



### **Voluntary Benefits**

*(Not applicable to Non State Groups)*

Voluntary Benefits available from MetLife:

- Accidental Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance

These plans pay you cash to help offset unexpected expenses due to an accident or illness.

- Accidental insurance helps offset unexpected costs due to an accidental injury.
- Hospital Indemnity provides a lump sum benefit in the event of a hospital stay.
- Critical Illness provides a lump sum benefit to offset costs due to specified critical illnesses.

Note: these benefits are available to Active State employees only. For Non State Employer groups, check with your employer for availability of these types of plans in your specific group.



## Reimbursement Accounts



- Flexible Spending Account for Medical, Dental and Vision (FSA)
- Flexible Spending Account for Dependent Care (FSA)
- Health Care Reimbursement Account (HRA)
- Health Savings Account (HSA)

For Non State Employer Groups, the Flexible Spending Accounts are not available. Check with your Employer about whether FSAs are available in your specific group.

The SEHP has a variety of reimbursement accounts from which to choose. These accounts are administered by NueSynergy. For Active State Employees these accounts include:

- Flexible Spending Account for Medical, Dental and Vision (FSA)
- Flexible Spending Account for Dependent Care (FSA)
- Health Care Reimbursement Account (HRA)
- Health Savings Account (HSA)

For Non State Employer Groups, the Flexible Spending Accounts are not available. Check with your Employer about whether FSAs are available in your specific group.



## Flexible Spending Accounts



The SEHP offers three types of Flexible Spending Accounts (FSAs):

- Medical, Dental and Vision FSA
- Limited Scope FSA (Dental and Vision Only)
- Dependent Care FSA

Non State Employer Groups, check with your Employer about whether FSAs are available in your specific group.

FSAs **help you save money on health care and dependent care expenses**. You elect to contribute a certain amount from your paycheck on a pre-tax basis to pay for these expenses. These funds may be used, as defined by the IRS, for out-of-pocket medical, dental and vision expenses, and for dependent care expenses. Because these contributions are on a pre-tax basis, you save money on the contributions to these accounts.

The medical, dental and vision FSA is available to people enrolled in plans A, J, or Q, and people enrolled in Plan C and Plan N who have an HRA.

The Limited Scope FSA is available to people enrolled in Plans C and N, who have a Health Savings Account (HSA). The Limited Scope FSA works the same as the medical, dental and vision FSA, but when you have an HSA, your Limited Scope FSA covers only dental and vision expenses, per IRS guidelines.

The Dependent Care FSA allows you to pay for dependent daycare expenses for your children or adult dependents, per IRS guidelines.

To view eligible expenses and more details on these FSA accounts, visit our SEHP

website.



## Flexible Spending Accounts

### FSA Maximums

Medical, Dental and Vision FSA	\$2,700
Limited Scope FSA	\$2,700
Dependent Care	\$5,000 (per family)



**Use it or Lose it!**

These FSAs have annual maximum contribution limits each year to them per IRS guidance. Those 2020 annual maximums for the medical, dental and vision FSA and the Limited Scope FSA are \$2,700. The Dependent Care FSA is \$5,000 per family.

FSAs have a “Use it or Lose it” rule. What this rule means is you must use all the expenses in your FSA by the end of the calendar year, or the balance will be forfeited. For the medical, dental and vision FSA and Limited Scope FSA, the SEHP has established a rollover provision, per IRS regulations. Rollover means up to \$500 of funds in either of these two accounts may be carried over to the next calendar year. The Dependent Care FSA does not have a rollover provision.



## Health Reimbursement Accounts (HRA)



### HRA

- Plans C, J, N & Q
- Employer contributions only
- Use it or Lose it



**NueSynergy**

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

With an HRA, the SEHP contributes money into your account on your behalf which you may use to pay for unreimbursed medical, dental and vision expenses, per IRS guidelines.

HRAs are funded only by employer contributions, so you do not contribute to them. For your contributions you may use the Flexible Spending Accounts.

The SEHP contributions to an HRA are made quarterly for Active State Employees, and monthly for Non State Employer Groups.  
For new enrollees, HRA contributions will begin the quarter after their enrollment.

HRA funds must be used each year, as any remaining balance in your HRA does not roll over to the next year. You have 60 days after the end of the year to file for reimbursement for any claims incurred during that year.



## HRA Contributions

Health Reimbursement Account							
Plan		Full Time Employee			Part Time Employee		
		Employee Only	Employee/ Spouse and Family	Employee Child(ren)	Employee Only	Employee/ Spouse and Family	Employee Child(ren)
PLAN C	Employer Contribution	\$250.00 per quarter	\$312.50 per quarter	\$437.50 per quarter	\$156.30 per quarter	\$171.90 per quarter	\$296.90 per quarter
		Total \$1,000.00 year	Total \$1,250.00 year	Total \$1,750.00 year	Total \$625.20 year	Total \$687.60 year	Total \$1,187.60 year
PLAN N	Employer Contribution	\$125.00 per quarter	\$156.25 per quarter	\$218.75 per quarter	\$78.15 per quarter	\$85.95 per quarter	\$148.45 per quarter
		Total \$500.00 year	Total \$625.00 year	Total \$875.00 year	Total \$312.60 year	Total \$343.80 year	Total \$593.80 year
PLAN J	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned
PLAN Q	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned

If you have an HRA, the SEHP contributions for each plan are as follows:

Here are the employer contributions for each of the SEHP Plan options. When you earn HealthQuest rewards, those dollars are also contributed to your HRA. The HRA will terminate if your health plan enrollment ends, and does not have a rollover provision.

For full details and information on your HRA, and the eligible expenses for reimbursement, visit our SEHP website.





## Health Savings Account (HSA) Eligibility Requirements



Per IRS policy, to qualify for an HSA, you must meet all the following stipulations:

- Must be enrolled in Plan C or Plan N
- Must not be enrolled in Medicare (including Part A only), Medicaid or Tricare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be enrolled in another non-HDHP Qualified Plan
- Cannot have a Medical FSA (Limited Scope is available)

A health savings account (HSA) is available to you if you are enrolled in Plan C or Plan N. An HSA is a tax-advantaged account designed for a person with a high deductible health plan (HDHP), and includes contributions from the SEHP and from you, the employee.

Per IRS policy, to qualify for an HSA, you must meet all the following stipulations:

- Must be enrolled in Plan C or Plan N
- Must not be enrolled in Medicare (including Part A only), Medicaid or Tricare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be enrolled in another non-HDHP Qualified Plan
- Cannot have a Medical Flexible Spending Account (Limited Scope is available)



## HSA Contributions

- **Plan C**, to receive the employer contribution from the SEHP, you must contribute a minimum amount of \$25 per pay period, or \$50 per month.
- **Plan N** does not require you to contribute to receive the employer contribution to your HSA.
- In addition to the employer contributions and your contributions, your HealthQuest Rewards Dollars will be deposited in your HSA as well.

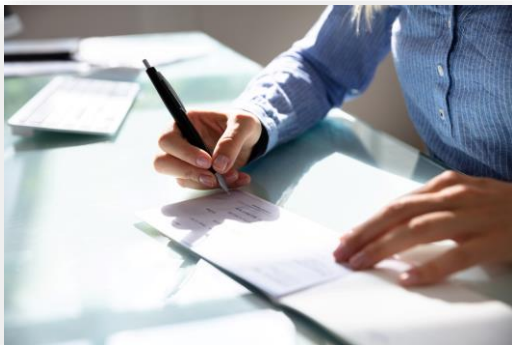


Once you meet these requirements, and enroll in Plan C or Plan N, you may have an HSA. The SEHP will contribute to the HSA on your behalf on a quarterly basis for active employees, and a monthly basis for non-state employer groups.

- With Plan C, to receive the employer contribution from the State Employee Health Plan, you must contribute a minimum amount of \$25 per pay period, or \$50 per month.
- Plan N does not require you to contribute to receive the employer contribution to your HSA.
- In addition to the employer contributions and your contributions, your HealthQuest Rewards Dollars will be deposited in your HSA as well.



## HSA Contributions



### **HSA – the funds belong to you!**

As funds accumulate in your HSA, you will have additional investment options available.

Your money goes with you, even after you leave employment since it belongs to you.

When you have an HSA, the funds in your account belong to you, and your balances carry over from year to year.

As funds accumulate in your HSA, you will have additional investment options available to you.

Your HSA account goes with you, even after you leave employment and the balances may continue to be used for eligible medical, dental and vision expenses.



### IRS 2020 HSA Maximums

- Single \$3,550
- Family \$7,100

In addition, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000 each year.

The IRS sets the maximum contribution limit on HSAs each year. This maximum limit includes contributions you make and the contributions made by the SEHP.

Your HealthQuest Rewards Dollars are contributed to your HSA and count towards the IRS maximum.

For 2020, those limits are:

- Single \$3,550
- Family \$7,100

In addition, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000 each year.



## HSA Contributions

Health Savings Account						
	Full Time Employee			Part Time Employee		
	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)
<b>IRS Maximum Total</b>	\$3,550.00	\$7,100.00	\$7,100.00	\$3,550.00	\$7,100.00	\$7,100.00
<b>Plan C Employer Contribution</b>	\$250.00 per quarter \$1,000.00 year	\$312.50 per quarter \$1,250.00 year	\$437.50 per quarter \$1,750.00 year	\$156.30 per quarter \$625.20 year	\$171.90 per quarter \$687.60 year	\$296.90 per quarter \$1,187.60 year
<b>Plan N Employer Contribution</b>	\$125.00 per quarter \$500.00 year	\$156.25 per quarter \$625.00 year	\$218.75 per quarter \$875.00 year	\$78.15 per quarter \$312.60 year	\$85.95 per quarter \$343.80 year	\$148.45 per quarter \$593.80 year

Here are the HSA contributions for each plan for 2020.

As a reminder with Plan C, you must contribute \$25 per pay period or \$50 per month to receive the employer contribution.

With Plan N, you do not have to make any contribution to receive the employer contribution.



## HealthQuest Premium Discount Program

### Available on Plans A, C, J, N & Q

Earn Credits in 2020 for plan year 2021 discount!

Discount earned by coverage tier:

- EE & EE/Children Tiers:
  - EE can earn the full \$480
- EE/Spouse & EE/Family Tiers:
  - EE & spouse can each earn \$240



HealthQuest is the SEHP health and wellness promotion rewards program available to employees and spouses covered under the State of Kansas medical plans. The programs available to you through HealthQuest, from health screenings to wellness challenges to the wellness champions network are designed to help you forge and maintain your path to wellness!

Members may earn points for the various activities and programs available through HealthQuest. Once an employee earns 40 credits in a calendar year, the premium discount is earned for the next calendar year. If a spouse is also covered under the medical plan, both the employee and spouse may earn their premium discount for the following year by reaching 40 credits each in HealthQuest Rewards.



## HealthQuest Rewards Dollars



### Available on Plans C, J, N & Q

- One HealthQuest credit = \$10
- Earn up to \$500 per employee
- Earn up to \$500 for spouse
- Rewards Dollars are contributed into your HRA or HSA

Visit the HealthQuest web page for activities!

<http://www.kdheks.gov/hcf/healthquest/default.htm>

If you are enrolled in Plans C, J, N & Q, employees and covered spouses may also earn \$10 for each HealthQuest reward credits, up to \$500 per employee, and \$500 per spouse each calendar year!

These reward dollars are contributed into your HRA or HSA when you earn them. For a complete list of activities to earn HealthQuest reward credits and dollars, visit the HealthQuest web page on the SEHP website

## Employee Assistance Program (EAP)

**COMPSYCH**<sup>®</sup>  
GuidanceResources® Worldwide



- No additional cost.
- Confidential services available to employees and their family.
- Visit SEHP website for EAP services available.

The EAP is available to all benefits eligible employees whether enrolled in the medical plan or not. The EAP is offered through ComPsych at no additional cost, as a confidential service for employees and their families. The EAP provides counseling services, as well as a plethora of services related to legal and financial issues, finding child or elder care services, hiring movers, home repair contractors and more!

Visit the SEHP website for EAP services available.



**During this presentation we reviewed  
the benefit choices you have for:**

- Medical Coverage
- Prescription Coverage
- Preferred Lab Benefit Coverage
- Dental Coverage
- Vision Coverage
- Voluntary Benefit Programs
- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Accounts
- The HealthQuest Health Promotion and Wellness Rewards Program
- The Employee Assistance Program



During this presentation we reviewed the benefit choices you have for:

- Medical
- Prescription Coverage
- Preferred Lab Benefit
- Dental
- Vision
- Voluntary Benefits
- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Accounts
- HealthQuest
- Employee Assistance Program



## Coverage Comparison Tool

### Ask Alex

[www.myalex.com/kansassehp/2020](http://www.myalex.com/kansassehp/2020)



- Talk to ALEX to learn about your benefits and make the best choices for you and your family.
- ALEX helps you choose the right benefits for your personal situation.
- Benefits are more than just health insurance. Talk to ALEX to see everything that's available to you and your family.
- Talk to ALEX anytime and anywhere from your smartphone, tablet, or computer.
- Talk to ALEX to find out if you're saving enough to cover your medical, dental and vision expenses—and see how much you could save on taxes!

Ask Alex is our online coverage comparison tool, and is available on our website to help you determine which plans and benefits might best suit your needs for the upcoming year.

By answering a few simple questions, Alex will guide you through all the SEHP benefit programs and help you determine which ones to select.

Alex is an optional support tool to help you in choosing benefits. All benefit elections must be made in the Membership Administration Portal.



## HealthyKIDS & KanCare CHIP



- HealthyKIDS (State employees only)
- KanCare CHIP

Check eligibility and apply during Open Enrollment

- The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the SEHP. Eligibility for the HealthyKIDS program is based in part on family income. Children in households with incomes who would otherwise qualify for the Federal/State Medicaid program, may be eligible. Employees wanting to enroll in the HealthyKIDS program will need to complete a new application during this open enrollment.
- CHIP coverage is available to Kansas children of all individuals including State and Non State employees. For most state employees if your children qualify for HealthyKIDS they may qualify for the CHIP program. If applying for CHIP, you should still enroll your children in the SEHP medical plan until you receive approval for CHIP coverage.
- For additional information and links regarding these programs, visit the SEHP website.



## Enrollment Process

### Open Enrollment October 1-31, 2019

All Employees covered under the medical insurance will need to re-enroll for 2020.

MAP - <https://sehp.member.hrissuite.com>

Employees with ESU, KSU, KU, KUMC and PSU  
[https://sso.cobraguard.net/seer\\_login.php](https://sso.cobraguard.net/seer_login.php)

#### ACTIVE ENROLLMENT

Don't wait until the last minute to enroll!



Open enrollment is the entire month of October and you may visit the Member Administration Portal (MAP) anytime during the month to complete your enrollment. You may visit MAP as often as you wish, and when you complete your enrollment, you will receive a confirmation notice.



## Enrollment Process

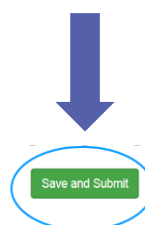
### What Do I Need to Do?

During October, log in to the Membership Administration Portal (MAP) and complete the election process for 2020

- Employees need to “Save and Submit” elections
- Print the Pending Elections Statement

### Review and Submit

Please review the elections you made shown below. If you are satisfied with these elections, please click the “Save and Submit” button to continue.



Open Enrollment for Plan Year 2020 will be an active enrollment. All active employees will need to log in to MAP and make their open enrollment choices. Once you have made your selections, you will be able to review a summary before you submit them on the “Review and Submit” screen. Once you are satisfied, hit the “Save and Submit” button in the lower right hand corner. A summary of your pending elections will be displayed and we recommend you print and save for your records.



## Enrollment Process

### What Happens If I Don't Enroll?

- Open Enrollment is your opportunity to elect your plan for 2020.
- If you are currently enrolled in a medical plan and do not complete the OE election process;
  - MAP will default to Plan N with your current medical carrier and an HRA for the employer contributions.
    - You will not be allowed to change your plan election until the next open enrollment in October 2020.
  - Members who have waived coverage will remain waived.
  - Members enrolled in dental and/or vision plans only, will remain enrolled.

If you are currently enrolled in a medical plan and do not complete the Open Enrollment election process, you and your covered dependents will be defaulted to Plan N with the same vendor that you are currently enrolled with, and an HRA for 2020. You will not be allowed to change your plan election until the next Open Enrollment in October 2020.

Employees are required to log into MAP and complete their Open Enrollment elections for medical plans during the month of October. We recommend that you make your elections as soon as you are able to do so and not wait until the last day to try and enroll.

#### Note:

- Members who have waived coverage in the SEHP will remain waived unless they actively enroll in a plan during Open Enrollment.
- Members with dental and/or vision plans only will remain enrolled in those plans and will not be defaulted into Plan N.
- Direct bill members (retirees) are not included in the active enrollment requirement.



## SEHP Resources



### SEHP

<http://www.kdheks.gov/hcf/sehp/default.htm>

### Membership Questions

[KDHE.SEHPMembership@ks.gov](mailto:KDHE.SEHPMembership@ks.gov)

### Benefit Questions

[KDHE.Benefits@ks.gov](mailto:KDHE.Benefits@ks.gov)

Questions? Visit our State Employee Health Plan website or emails us? We're here to help!



### Benefit & Coverage Questions:

Aetna:	1.866.851.0754
BCBS:	1.800.332.0307
Caremark:	1.800.294.6324
ComPsych (EAP):	1.800.275.1205 (option 1)
Delta Dental:	1.800.234.3375
HealthQuest:	1.888.275.1205 (option 3)
MetLife:	1.800.438.6388
NueSynergy:	1.855.750.9440
Quest Diagnostics:	1.800.646.7788
Stormont Vail Health:	1.800.637.4716
Surency:	1.866.818.8805

We hope this overview of the benefits available to you through the State Employee Health Plan has helped answer many of your questions. Additional information may be found on the SEHP website, or by contacting any of our specific vendors with your questions.

Thank you for watching!